



ARIZONA STATE RETIREMENT SYSTEM (ASRS) 65+ MEMBERSHIP WAIVER FORM

COMPLETE AND SEND TO:
ASRS Financial Services
PO Box 33910
Phoenix, AZ 85067-3910

ASRS Numbers
Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

PLEASE PRINT OR TYPE

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

This Waiver Form must be filed with the ASRS within thirty days of employment.

Employee Information			
Social Security Number	Employee Name (Last)	(First)	(Middle Initial)
Date of Birth (MM/DD/YYYY)	Marital Status (Check One) Single <input type="checkbox"/> Married <input type="checkbox"/>		Gender (Check One) Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
City		State	ZIP Code
E-Mail Address		Home Telephone Number ()	
<ul style="list-style-type: none">By my signature below, I elect to waive my rights to ASRS membership since I began working at age 65 or older. I am making this election within 30 days of employment. I understand that I will not be eligible for any retirement, disability or health insurance benefits offered by the ASRS.By my signature below, I acknowledge that I am not an active, inactive, disabled or retired member with the ASRS.By my signature below, I acknowledge that this election is <u>irrevocable</u> for the remainder of my employment with this employer, and the time I work is not eligible for future purchase in the ASRS.			
Employee Signature		Date	

Employee Information to be Completed by the Employer <u>ONLY</u>		
Employer Name	Employer Number	Employment Start Date
Employee Annual Salary	Number of Hours per Week Worked (Check one - provide weekly hours.) <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual weekly hours= _____	
Employer Payroll or HR Manager Name (Print)		Employer Phone Number ()
Employer Payroll or HR Manager Signature		Date

Employer: This form must be received by the ASRS within 30 days of employment. Do not withhold ASRS contributions for the employee electing to waive ASRS membership.